



Athletic Player Registration Form

Team Name : _____

League: ☐ COED ☐ MEN ☐ WOMEN ☐ BOYS ☐ GIRLS

Sport: ☐ Basketball ☐ Hockey
☐ Softball-Fast Pitch ☐ Volleyball - Competitive
☐ Softball-Slow Pitch ☐ Volleyball - Recreational

Day of Play: M Tu W Th F Sa Su

For Office Use Only!!

Record player fees only! Team fees must be recorded on blue "Team Card".

Staff Initials	Date	Receipt#	Amount Pd
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Paid			\$ _____

PLAYERS - Please Read Before Signing the Roster Form!!

I understand that participation in Parks and Recreation programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for myself and my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in this program.

PLAYER NAME	ADDRESS	CITY, STATE, ZIP	PHONE (home)	PHONE (work)	BIRTHDATE	PLAYER SIGNATURE (I have read the waiver above)	STOP! For Office Use only!	Date Paid	EC-R	EC-NR
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

More roster space on the back!

MANAGER - Please Read Prior to Signing!!

I verify that all of the player information supplied is correct, all of the players have signed above in their own handwriting, and are eligible to compete with my team. I agree to be bound by the rules and regulations of this program as specified by the Eau Claire Parks, Recreation, and Forestry Department as contained in the League by-laws.

Manager's Signature

Date

← OVER →

Date

PLAYERS - Please Read Before Signing the Roster Form!!

I understand that participation in Parks and Recreation programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for myself and my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in this program.

PLAYER NAME	ADDRESS	CITY, STATE, ZIP	PHONE (home)	PHONE (work)	BIRTHDATE	PLAYER SIGNATURE (I have read the waiver above)
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

STOP! For Office Use only!

Date Paid	EC-R	EC-NR